

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004757

FILED  
Feb 08, 2006  
Secretary of State

Entity Name: ARAMADA FOUNDATION OF BROWARD COUNTY, INC.

## Current Principal Place of Business:

101 NORTH RIVERSIDE DRIVE, SUITE 212  
POMPANO BEACH, FL 33062

## New Principal Place of Business:

## Current Mailing Address:

101 NORTH RIVERSIDE DRIVE, SUITE 212  
POMPANO BEACH, FL 33062

## New Mailing Address:

FEI Number: 33-0402630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PHANEUF, ROBERT  
230 S.E. 11TH STREET  
POMPANO BEACH, FL 33060 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: PHANEUF, ROBERT  
Address: 230 S.E. 11TH STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VC ( ) Delete  
Name: BUTTERFIELD, SPENCER  
Address: 2005 OCEAN WALK TERRACE, #300  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete  
Name: MULLINS, JEAN  
Address: 441 WEST PALM AIRE DR.  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete  
Name: TIERNAN, CARY  
Address: 2652 N. E. 5TH STREET  
City-St-Zip: POMPANO BEACH, FL 33062

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VC (X) Change ( ) Addition  
Name: BUTTERFIELD, SPENCER  
Address: 2652 N.E. 5TH STREET  
City-St-Zip: POMPANO BEACH, FL 33062

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SPENCER BUTTERFIELD

VC

02/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date